

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/697,938-Conf. #9636
Filing Date	October 31, 2003
First Named Inventor	Yossi Avni
Title	SYSTEM FOR AND METHOD OF WEB SIGNATURE RECOGNITION SYSTEM BASED, etc.
Art Unit	2624
Examiner Name	A. Bayat
Attorney Docket No.	60167/WO-697.003CON/10602342

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number;

OR

The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name
--------------------------	----------------------------

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Jan 19 th 2009
Name	D'Arcy O'Byrne	Telephone	+44 7766202257
Title and Company	Director	, Applied Neural Technologies Limited	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.